

SECTION 1

MEDICAID PROGRAM RESOURCES

Informational Resources available at www.dss.mo.gov/dms

CONTACTING MEDICAID

PROVIDER COMMUNICATIONS

The following phone numbers are available for Medicaid providers to call the Provider Communications Unit with provider inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and recipient eligibility questions and verification. The toll free line provides an interactive voice response system that can answer questions regarding matters including recipient eligibility, last two check amounts, and claim status. Providers must use a touchtone phone to access the system.

Provider Communications	573/751-2896
Interactive Voice Response (IVR)	573/635-8908

The Provider Communications Unit also processes written inquiries. Written inquiries should be sent to:

Provider Communications Unit
Division of Medical Services
P.O. Box 6500
Jefferson City, Missouri 65102

INFOCROSSING HEALTHCARE SERVICES HELP DESK

573/635-3559

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements, and assistance with the Infocrossing Internet billing service.

PROVIDER ENROLLMENT

Providers can contact Provider Enrollment via e-mail as follows for questions regarding enrollment applications: providerenrollment@dss.mo.gov.

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare number must be submitted in writing to:

Provider Enrollment Unit
Division of Medical Services
P.O. Box 6500
Jefferson City, Missouri 65102

THIRD PARTY LIABILITY**573/751-2005**

Call the Third Party Liability Unit to report injuries sustained by Medicaid recipients, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a Medicaid patient.

PROVIDER EDUCATION**573/751-6683**

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for Medicaid claims. Contact the Unit for training information and scheduling.

RECIPIENT SERVICES**800/392-2161 or 573/751-6527**

The Recipient Services Unit assists recipients regarding access to providers, eligibility, covered and non-covered services, and unpaid medical bills.

MEDICAID EXCEPTIONS AND DRUG PRIOR AUTHORIZATION HOTLINE**800/392-8030**

Providers can call this toll free number to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the Medicaid program, or to request a drug prior authorization. The Medicaid exceptions fax line for non-emergency requests only is 573/636-6470.

**HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT (HIPAA) INFORMATION**

Billing providers who want to exchange electronic information transactions with Missouri Medicaid can access the *HIPAA Companion Guide* online by going to the Division of Medical Services Web page at www.dss.mo.gov/dms and clicking on “manuals” under the Provider Information heading.

To access the *X12N Version 4010A1 Companion Guide*: 1) select Missouri Medicaid Electronic Billing Layout Manuals; 2) select System Manuals; 3) select Electronic Claims Layout Manuals; and, 4) select X12N Version 4010A1 Companion Guide.

For information on the Missouri Medicaid Trading Partner Agreement: 1) select Section 1 - Getting Started; and, 2) select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Infocrossing Help Desk, 573-635-3559.

INTERACTIVE VOICE RESPONSE (IVR) 573/635-8908

The Provider Communications Unit Interactive Voice Response (IVR) system, 573/635-8908, requires a touchtone phone. The nine-digit Medicaid provider number **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

- Option 1 Recipient Eligibility
Recipient eligibility **must** be verified **each** time a recipient presents and should be verified **prior** to the service. Eligibility information can be obtained by a recipient's Medicaid number (DCN), social security number and date of birth; or if a newborn, using the mother's Medicaid number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.
- Option 2 Last Two Check Amounts
Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.
- Option 3 Claim Status
After entering the recipient's Medicaid number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

INTERNET SERVICES FOR MEDICAID PROVIDERS

The Division of Medical Services (DMS), in cooperation with Infocrossing Healthcare Services, has an Internet service for Missouri Medicaid providers. Missouri Medicaid providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify recipient eligibility;
- Obtain remittance advices (RAs);
- Submit adjustments;
- Submit attachments; and
- View and download public files.

The Web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the Web site services. To participate in the service, the provider must apply on-line through the DMS Web site. Each user is required to complete this on-line application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID, and password. Once the user ID and password have been received, the user can begin using the www.emomed.com Web site. The password can be changed to one of the user's own choice.

Questions regarding the completion of the on-line Internet application should be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.

This Web site, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper Web browser. The provider must have one of the following Web browsers: Internet Explorer 6.0 or higher or Netscape 7.0 or higher. It is strongly recommended that users update and utilize the most recent versions of either of these browser programs. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING RECIPIENT ELIGIBILITY THROUGH THE INTERNET

Providers can access Missouri Medicaid recipient eligibility files via the Web site. Functions include eligibility verification by recipient ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MEDICAID CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- < 837 - Health Care Claim
 - Professional
 - Dental
 - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- < Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

NOTE: Currently, some claims cannot be submitted electronically if an attachment is required unless the attachment is one of the following that can be submitted via the Infocrossing Internet service: Sterilization Consent, Second Surgical Opinion, Acknowledgment of the Receipt of Hysterectomy Information or the PI 118 Referral forms.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET

The Medicaid program phased out the mailing of paper Remittance Advices (RAs). Providers no longer receive both paper and electronic RAs. If the provider or the provider's billing service currently receive an electronic RA, (either via the emomed.com Internet Web site or other method), paper copies of the RA were discontinued as of the July 20, 2004 financial cycle. All providers and billers must have Internet access to obtain the printable electronic RA via the Infocrossing Internet service, emomed.com.

Receiving the remittance advice via the Internet is beneficial to the provider's or biller's operation. With the new Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle (two weeks sooner than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider's or biller's operating system for retrieval at a later date.

The Internet RA is viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user's convenience.

ADJUSTMENTS THROUGH THE INTERNET

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 - Replacement (Adjustment) or an 8 - Void (Credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET

Several public files are available for viewing or downloading from the Web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of HIPAA related claim codes and other HIPAA related codes.

SUBMIT ATTACHMENTS AND FORMS THROUGH THE INTERNET

Providers can submit required attachments and forms via the Internet as an option to mailing paper versions to Medicaid. A paper copy of any attachment or form submitted via the Internet must be kept with the patient's record. The following forms can be submitted through the Infocrossing Internet Service:

Sterilization Consent,
Second Surgical Opinion,
PI 118 Referral (administrative lock-in), and
Acknowledgment of Receipt of Hysterectomy Information.

MEDICAID PROVIDER MANUALS ON-LINE

www.dss.mo.gov/dms

Missouri Medicaid provider bulletins are available on-line at the DMS Web site: www.dss.mo.gov/dms. The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. The bulletins appear on-line at the Provider Bulletin location until the manuals are updated. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

Missouri Medicaid Provider manuals are also available on-line at the DMS Web site. The provider manual information you download is current as of the time it is downloaded. Since periodic updates are made to the manuals, you must do a new download periodically so that your file will have the new or updated information. In order to be able to download and use all or a portion of an on-line Medicaid provider manual or bulletins, you must have Adobe Acrobat Reader. You may already have Adobe Acrobat Reader loaded on your computer.

CLAIM AND ATTACHMENT MAILING ADDRESSES

Medicaid paper claims and attachments related to claims must be sent to the following address as indicated.

Infocrossing Healthcare Services, Inc.
P.O. Box (see below for correct PO box number)
Jefferson City, MO 65102

P.O. Box 5200..... RHC Claims
P.O. Box 5600..... DME, HCFA-1500, and Home Health Agency Claims
P.O. Box 4800..... Prior Authorization Requests

Infocrossing's physical address is: Infocrossing Healthcare Services, Inc.
905 Weathered Rock Road
Jefferson City, MO 65101

CLAIMS PROCESSING SCHEDULE FOR STATE FISCAL YEAR 2006

Cycle Run/Remittance Date* -

Friday, June 17, 2005
 Friday, July 08, 2005
 Friday, July 22, 2005
 Friday, August 05, 2005
 Friday, August 19, 2005
 Friday, September 09, 2005
 Friday, September 23, 2005
 Friday, October 07, 2005
 Friday, October 21, 2005
 Friday, November 04, 2005
 Friday, November 18, 2005
 Friday, December 09, 2005
 Friday, December 23, 2005
 Friday, January 06, 2006
 Friday, January 20, 2006
 Friday, February 10, 2006
 Friday, February 24, 2006
 Friday, March 10, 2006
 Friday, March 24, 2006
 Friday, April 07, 2006
 Friday, April 21, 2006
 Friday, May 05, 2006
 Friday, May 19, 2006
 Friday, June 09, 2006

Check Date -

Tuesday, July 05, 2005
 Wednesday, July 20, 2005
 Friday, August 05, 2005
 Monday, August 22, 2005
 Tuesday, September 06, 2005
 Tuesday, September 20, 2005
 Wednesday, October 05, 2005
 Thursday, October 20, 2005
 Monday, November 07, 2005
 Monday, November 21, 2005
 Monday, December 05, 2005
 Tuesday, December 20, 2005
 Thursday, January 05, 2006
 Friday, January 20, 2006
 Monday, February 06, 2006
 Tuesday, February 21, 2006
 Monday, March 06, 2006
 Monday, March 20, 2006
 Wednesday, April 05, 2006
 Thursday, April 20, 2006
 Friday, May 05, 2006
 Monday, May 22, 2006
 Monday, June 05, 2006
 Tuesday, June 20, 2006

*The Cycle Run Dates are tentative dates calculated by the Division of Medical Services. The dates are subject to change without prior notification.

*All claims submitted electronically to Infocrossing, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

State Holidays

July 4, 2005 Independence Day
 September 5, 2005 Labor Day
 October 10, 2005 Columbus Day
 November 11, 2005 Veteran's Day
 November 24, 2005 Thanksgiving
 December 26, 2005 Christmas

January 2, 2006 New Year's Day
 January 16, 2006 Martin Luther King Day
 February 13, 2006 Lincoln's Birthday
 February 20, 2006 Washington's Birthday
 May 8, 2006 Truman's Birthday
 May 29, 2006 Memorial Day